## TREATMENT ASSISTANCE PROGRAM CLINICAL SUPERVISOR APPLICATION

To be deemed an approved clinical supervisor for Treatment Assistance Program Services, an individual must complete this application and send it, along with all supporting documentation, to:

Division of Problem Gambling ATTN: Treatment Administrator 1110 W. Washington St., Suite 450 Phoenix, AZ 85007

SECTION A				
NAME:		SOCIAL S	SOCIAL SECURITY #:	
first	middle	last		
ADDRESS:				
		city	state	zip
PHONE:	FAX:	E-ma	ail:	
AGENCY/PRACTICE N	AME			
SECTION B  Minimum eligibility All applicants must be li training/experience liste	censed to engage in the	ne practice of behavioral health a	and document the requi	red
PROFESSIONAL L	ICENSES (Submi	t copies of all licenses):	DATE VA	LID TUDOUIOU
LICENSE	LICENSE NUN	MBER ISSUING BODY	DATE VA	LID THROUGH
APerformance ofCompletion of 6 verification).  BApproved Nation  I certify that the integral of the performance of the performan	200 hours of Division AND hours training on clinion OR hall Gambling Counseld formation provide	of Problem Gambling reimburse ical supervision for problem gamber Certification Board Clinical Color Certification Board Clinical Certification Certification Board Clinical Certification Board Certification Board Clinical Certification Board Clinical Certification Board Clinical Certification Board Clinical Certification	ed TAP services;  abling treatment counsel  onsultant (submit verifica	ition).  ify the Division
Name (Please print)			Title	
Signature			Date	